CLAIMS ONLY

Application Number	Filing Date
10080070	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	cancel						52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	cancel						60						
11							61						
12							62						
13							63						
14	cancel						64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	cancel						70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	8						Total Depend						
Total Claims	10						Total Claims						